

**Questions #1 & #2 from Committee member Tenny:**

1. Why was the Surgical First Assist and Surgical Technologist credentialing review split, and not done as one? (Especially since the ASA and AST are partner organizations)
2. Why did the Surgical Technologists agree to this?

The application that was submitted during the Surgical First Assistant credentialing review was created by the Nebraska Hospital Association in conjunction with the Sidney Regional Medical Center. The application was supported by the Association of Surgical Technologists and the Association of Surgical Assistants which is a part of the national organization of AST and not a separate entity. Representatives from the Nebraska State Assembly of the Association of Surgical Technologists attended all stakeholder meetings that they were invited to that were held in preparation of the application as the organization represents surgical technologists and surgical assistants in the state of Nebraska. Members of the state assembly also attended every 407 technical review committee meeting as well as every board of health meeting to provide input as well. The Nebraska State Assembly did desire to remedy the potential for public harm that currently exists related to both the surgical technology and surgical assisting professions during the surgical first assistant credentialing review, however we were met with strong opposition from the Nebraska Hospital Association who stated that attempting to regulate both professions would be too confusing. The decision was made to include the surgical technologists in the application through the creation of a registry despite the opinion of the Nebraska State Assembly. The Nebraska State Assembly was told that this registry would include an educational requirement which is not the registry that was presented to the committee per decisions made by the applicant group. At the time, we were unaware of the potential impact that the Howard Paul vs. State of Nebraska ruling could have on the profession and believed that creating a registry with an educational requirement would establish standards that would help to ensure competency and mitigate the risk associated with untrained personnel functioning as surgical technologists across the state.

However, the registry that was presented to the applicant group did not include an educational requirement but rather just a competency assessment that is signed off on by a licensed practitioner. This was concerning to members of the Nebraska State Assembly and in my testimony during the public hearing for the Surgical First Assistant credentialing review that was held July 8, 2015 I testified the following; "We recommend that wording be included to reflect a "qualified licensed health care professional with at least two years of operating room experience." The operating room is a unique environment, one that many licensed health care professionals do not practice in, making them ill-equipped to properly determine if a surgical technologist seeking to be on the registry is competent in the tasks that are required to be assessed. Prior operating room experience is essential to establish the base knowledge for a licensed health care professional to adequately assess the competence of a surgical technologist seeking registration. We would also like to ensure that an LPN is not allowed to administer this competency assessment as we feel their educational background does not provide them the knowledge to adequately assess potential surgical technology registrants." We were told by the Nebraska Hospital Association that an educational requirement with the registry was not an option and were strong armed into supporting what was presented.

It was also recommended by the applicant group of the Surgical First Assistant credentialing review that the surgical technologist registry be administered by the Board of Nursing. This was testified against by the Association of Surgical Technologists as there is no other state in the nation with regulation in statute that addresses the profession of surgical technology that administers the regulation through a Board of Nursing. It was recommended that the registry be administered by the Board of Medicine in Surgery which is where the applicant group recommended that the Surgical First Assistant license be administered through. We felt this was a better fit as the surgeon is the person who is ultimately directing the practice of the surgical technologist in the OR. The applicant group testified against this saying that according to Howard Paul the surgeon is not able to tell the surgical technologist who is currently unlicensed to do anything and that the practice of the surgical technologist is delegated by the registered nurse under the Nurse Practice Act. However, the nurse is not able to delegate complex or complicated tasks under this act which several of the tasks and functions that a surgical technologist performs could be considered. Also, the practice of surgical technology has not been taught in nursing school since 1980.

At this point it became apparent that it was necessary for the Nebraska State Assembly to pursue licensure on our own and submit a separate application for a separate credentialing review.